# UNITED STATES DISTRICT COURT DISTRICT OF CONNECTICUT APPLICATION FOR APPOINTMENT TO THE CJA PANEL

Please complete this application to be considered for membership in the Criminal Justice Act (CJA) Panel. If you would also like to be considered for the CJA Capital Panel, please complete the Supplementary Application for the CJA Capital Panel. You may also apply for the CJA Capital Panel alone, that is, without applying to join the regular CJA Panel. To do so, fill out only the Supplementary Application for the CJA Capital Panel.

# A. General Information

Name:			
Last	First	Mi	ddle
Office Address:			
Firm Name			
Street	City	State	Zip
Contact Information:			
Office Telephone:	Cellul	ar phone:	
Email address:			
Please indicate your preferred to assignment of cases. (Select on		s from the Clerk's	Office for the
□ Cellular	□ Office		
Federal Bar Number:			
Date Admitted to State of Conn	ecticut Bar:		
Date Admitted to the Bar of the Connecticut:	United States District		ict of

- 7. Date Admitted to the Bar of the United States Court of Appeals for the Second Circuit:
- 8. Please list the Bars of all other Courts to which you have been admitted and the dates of your admission:
- 9. Are you in good standing in each court to which you have been admitted?

	□ Yes	□ No	
10.	If the answer to No. 9 above is no, p	blease explain:	
11.	Please provide the name of the law on which your JD was awarded:	school from which you	a received your JD and the date
	Name of Law School:		Date of JD:
12.	Please list any foreign languages in	which you are fluent:	

#### **B.** Professional Experience

- 1. Please complete the following for each professional employment held during the past15 years (use additional sheets and duplicate this section, if necessary).
  - a. Employer, firm or agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone:

Name of Supervisor:

Title or position you held (e.g., associate, partner, assistant public defender, assistant prosecutor):

	Dates of employment:
	Duties:
b.	Employer, firm, or agency:
	Address:
	Telephone:
	Name of Supervisor:
	Title or position you held (e.g., associate, partner, assistant public defender, assistant prosecutor):
	Dates of employment:
	Duties:
catego specify	te your <b>criminal trial experience</b> by providing approximate totals in the following ries. Please list only those matters in which you were counsel of record. Please y as to each category the number of cases in which you were lead counsel (i.e., under $t, 5, 3, 0, \text{ etc.}$ )

	Federal Court	Lead #	State Court	Lead #
Jury Trials				
Bench Trials				
Pleas & Sentencings				
Appeals				
Other Court Hearings (e.g., evidentiary hearings on motions to suppress)				

2.

3. How many of your criminal **JURY trials** required the jury to determine guilt or innocence of a felony charge? \_\_\_\_\_ In how many of those cases were you lead counsel? \_\_\_\_\_

4. Please indicate your **civil trial experience** by providing approximate totals in the following categories. Please include only those cases in which you were counsel of record. Specify as to each category the number of times in which you were lead counsel.

	Federal Court	Lead #	State Court	Lead #
Jury Trials				
Bench Trials				
Other Court Hearings				
Depositions				
Appeals				

5. Please list all the trials you have had in the past 5 years (attach additional sheets if necessary).

Court	Judge	Case Name	Docket No.	Year	Jury (y/n)	Lead (y/n)

- 6. Please provide the names and citations of any published decisions in which you were counsel of record:
- 7. Please provide the names and citations of any published law-related articles that you have authored:

you	rou have not tried two felony jury trials to verdict, what other relevant experience do a wish the CJA Standing Committee and the Board of Judges to consider in connecti h your application?	
Wh	ay do you want to be on the CJA Panel?	
Are	e you Board Certified in any area of law?	
	$\Box$ Yes $\Box$ No	
If ye	res, in what area(s)?	
Hav Cou	ve you been at any time or are you now a member of the CJA Panel for this or any o urt?	ther
If ye	res, please state:	
	(a) Which Court(s):	
	(b) Dates of membership:	
	(c) Reason for leaving:	

- 12. Have you ever been removed from, or been asked to resign from, a CJA Panel? If so, please explain.
- 13. Have you been involved in an appeal in which a default or dismissal entered against your client for your failure to file a timely brief? If so, please identify the case(s) and explain the circumstances. Please include cases where defaults or dismissals were later cured or the dismissed cases were reinstated.
- 14. Have you ever been suspended, disbarred, reprimanded or otherwise sanctioned by any court, judge, or bar panel? Has a finding of probable cause that you have violated an ethical rule ever been made? If the answer to either question is yes, please explain.

	□ Yes	□ No
If so, please describe		
Do you have any exp	erience in post-convict	ion death penalty cases?
	□ Yes	□ No
If so, please describe		
Do you have any exp	erience in immigration	matters?
	□ Yes	□ No
If yes, please describ	е.	

- 18. Please list all criminal practice seminars or training programs you have attended in the past five years.
- 19. Please describe briefly any other experience you have that bears upon your qualifications to serve as CJA counsel (e.g., teaching, training, bar activities)

# C. References

Please provide the requested information for one judge, one prosecutor, and one defense attorney who are well-acquainted with your work and with your qualifications to be a CJA Panel member.

1. Name: \_\_\_\_\_

Title:

Address and Telephone Number:

Under what circumstances have you known this reference?

2. Name: \_\_\_\_\_

Title:

Address and Telephone Number:

Under what circumstances have you known this reference?

3. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address and Telephone Number:

Under what circumstances have you known this reference?

# D. Additional Questions

1. Have you familiarized yourself with:

(a) Federal Rules of Criminal Procedure

	□ Yes	□ No		
(b) District of Connecticut Local Rules of Criminal Procedure				
	□ Yes	□ No		
(c) Federal Rules of A	Appellate Procedure			
	□ Yes	□ No		
(d) Second Circuit Lo	ocal Rules of Appellate	Procedure		
	□ Yes	□ No		
(e) Federal Rules of I	Evidence			
	□ Yes	□ No		
(f) United States Sent	tencing Guidelines			
	□ Yes	□ No		
(g) Bail Reform Act				
	□ Yes	□ No		

	(h) The Criminal Justice Act (18 U.S.C. §	3006A)
	$\Box$ Yes	□ No
	(I) The CJA Plan for the District of Connec	eticut
	$\Box$ Yes	□ No
2.	Do you understand that there are competent of the court is the court i	ensation limits for appointed counsel under the he final arbiter of payment of counsel?
	$\Box$ Yes	□ No
3.		ntment and becoming a member of the CJA ew panel members without compensation for
	$\Box$ Yes	□ No
4.	Do you understand that you are personally upon receiving a CJA appointment and that	responsible for the representation of your client t this responsibility cannot be delegated?
	$\Box$ Yes	□ No
5.	Do you understand that you will be expected when appropriate after having received a C	ed to continue to represent a client on appeal JA appointment in the District Court?
	$\Box$ Yes	□ No

I have read the foregoing application and certify that the information I have provided is true.

Date

Signature

Printed Name

#### UNITED STATES DISTRICT COURT DISTRICT OF CONNECTICUT 141 CHURCH STREET NEW HAVEN, CONNECTICUT 06510 (203) 773-2140

ROBIN D. TABORA CLERK

#### CJA PANEL ATTORNEY DATA INFORMATION SHEET

PLEASE COMPLETE AND RETURN THIS SHEET TO:MARIA CORRIETTE, CJA PANEL MANAGER, 915 LAFAYETTE BLVD, ROOM 400, BRIDGEPORT, CT 06604,FAX (203) 579-5867, OR BY SCANNING INTO PDF FORMAT AND EMAILING TO:Maria\_Corriette@ctd.uscourts.gov

SOCIAL SECURITY NUMBER [required for any CJA payments]: \_\_\_\_\_ - \_\_\_ - \_\_\_\_ - \_\_\_\_ This number must be supplied, even if your firm received the payments!

NAME AND MAILING ADDRESS (all fields are required to be completed):

Last name	First name		Middle initial	or middle name
	Street address ar	nd/or P.O. Bo	X	
City			State	Zip Code
Email Address - REQUI	RED!			_
TELEPHONE NUMBER	RS: Office: Area code/telephone	Cell:A	rea code/telephone	_
Please indicate the preferred	d method of contacting you (select one):	□ Office	□ Cell	
INITIAL BELOW YOUR (	CHOICE OF HOW PAYMENTS SHOU	LD BE REPOI	RTED TO IRS:	
1. 🗆 Under my soc	ial security number and name, as indi	cated above		
2. □ To the law fir Address are:	m with which I am affiliated. The lav	v firm's Taxp	ayer Identification Nu	mber, Name and
Taxpaye This nun	r Identification Number of Law Firm: ber must be supplied if you selected	option #2 abo	ove!	
Name of	Law Firm:			
Street Ac	ldress of Law Firm:			
	te, Zip:			

Signature of CJA Panel Attorney

Date

# United States District Court District of Connecticut Supplementary Application for CJA Capital Panel

You should fill out this part of the application if you want to be considered for membership on the Criminal Justice Act Capital Panel for the District of Connecticut. You may skip Part A below and Questions 1-12 of Part B only if you have already answered those questions in your 2013 application for membership in the Criminal Justice Act Panel (i.e., pages 1-6 at the beginning of this document).

## A. General Information

1.	Name:					
	Last	First		Middle		
2.	Office Address:					
	Firm Name:					
	Street	City	State	Zip		
3.	Contact Information:					
	Office Telephone:		_			
	Cellular phone:		_			
	Email address:		_			
	indicate your preferred te (Select one below)	elephone to receive calls from the Clerk's C	Office for the assi	gnment of		
		□ Cellular □ Office				
4.	Federal Bar Number:					
5.	Date Admitted to State of Connecticut Bar:					
6.	Date Admitted to the Bar of the United States District Court for the District of Connecticut:					
7.	Date Admitted to the Bar of the United States Court of Appeals for the Second Circuit:					
8.	Please list the Bars of all other Courts to which you have been admitted and the dates of your admission:					

- 9. Are you in good standing in each court to which you have been admitted?  $\Box$  Yes  $\Box$  No
- 10. If the answer to No. 9 above is no, please explain:
- 11. Please provide the name of the law school from which you received your JD and the date on which your JD was awarded:

Name of Law School

Date of JD

12. Please list any foreign languages in which you are fluent:

#### **B.** Professional Experience

- 1. Please complete the following for each professional employment held during the past 15 years (use additional sheets and duplicate this section, if necessary).

ЪT	C	a	•
Name	ot	Sun	ervisor:
1 (unite	01	Sup	01 1001.

c.

Title or position you held (e.g., associate, partner, assistant public defender, assistant prosecutor):

D	uties:
Eı	nployer, firm, or agency:
A	ddress:
Τ¢	elephone:
N	ame of Supervisor:
	tle or position you held (e.g., associate, partner, assistant public defender, assistant osecutor):
D	ates of employment:
D	uties:

2. Indicate your **criminal trial experience** by providing approximate totals in the following categories. Please list only those matters in which you were counsel of record. Please specify as to each category the number of cases in which you were lead counsel (i.e., under Lead #, 5, 3, 0, etc.).

	Federal Court	Lead #	State Court	Lead #
Jury Trials				
Bench Trials				
Pleas & Sentencings				
Appeals				
Other Court Hearings (e.g., evidentiary hearings on motions to suppress)				

- 3. How many of your criminal **JURY trials** required the jury to determine guilt or innocence of a felony charge? \_\_\_\_\_ In how many of those cases were you lead counsel? \_\_\_\_\_
- 4. Please indicate your **civil trial experience** by providing approximate totals in the following categories. Please include only those cases in which you were counsel of record.

	Federal Court	Lead #	State Court	Lead #
Jury Trials				
Bench Trials				
Other Court Hearings				
Depositions				
Appeals				

# 5. Please list all the trials you have had in the past 5 years (attach additional sheets if necessary).

Court	Judge	Case Name	Docket No.	Year	Jury (y/n)	Lead (y/n)

- 6. Please provide the names and citations of any published decisions in which you were counsel of record:
- 7. Please provide the names and citations of any published law-related articles that you have authored:

8.	Are you Board Certified in any area of law?				
		□ Yes	□ No		

If yes, in what area(s)?

9. Have you at any time been a member of the CJA Panel for this or any other Court?

	$\Box$ Yes $\Box$ No						
	If yes, please state:						
	(a) Which Court(s):						
	(b) Dates of membership:						
	(c) Reason for leaving:						
10.	Have you ever been removed from, or been asked to resign from, a CJA Panel? If so, please						

- explain.
- 11. Have you been involved in an appeal in which a default or dismissal entered against your client for your failure to file a timely brief? If so, please identify the case(s) and explain the circumstances. Please include cases where defaults or dismissals were later cured or the dismissed cases were reinstated.

12. Have you ever been suspended, disbarred, reprimanded or otherwise sanctioned by any court, judge, or bar panel? Has a finding of probable cause that you have violated an ethical rule ever been made. If the answer to either question is yes, please explain.

- 13. What experience do you have in criminal defense of capital cases?
- 14. In how many capital cases have you been lead or learned counsel? Please identify the cases by name, jurisdiction and docket number.
- 15. What training programs have you attended on criminal defense in capital cases? Please specify the names and dates of the programs.
- 16. What experience do you have in post-conviction capital proceedings? Please list case names, jurisdictions, and docket numbers.
- 17. Why do you want to be on the CJA Capital Panel?

I have read the foregoing application and certify that the information I have provided is true.

Date

Signature

Printed Name